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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/591,048			ing Date 28/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	· · ·
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)		N/A		N/A			N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	ΞE	N/A		N/A			N/A		1	N/A	
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =			*		X \$ =		OR	X \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *			*		X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and drawings ex sheets of paper, the application siz is \$250 (\$125 for small entity) for e additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR									
	MULTIPLE DEPEN	IDENT CLAIM PF	7 CFR 1.16(j									
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THE SMALL ENTITY OR SMALL E			ER THAN ALL ENTITY	
AMENDMENT	01/18/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU PAID FOR	I JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 12	Minus	** 20		= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3		= 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Columr	n 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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